Malaria in Orissa

2851. SHRI BHAGABAN MAJHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the increasing incidents of malaria in Orissa; and

(b) if so, the details of steps taken to provide adequate health care to the people in the malaria affected areas in the State, particularly in the undivided Koraput district?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Incidence of malaria in Orissa is stable with marginal fluctuation from year to year.

(b) The steps taken to effectively control malaria in Orissa include:—

— Intensification of surveillance activities for early case detection and promot treatment;

— Selective and integrated vector control;

— Information, education and communication, mobilising community participation and involvement through observance of Anti-Malaria Month etc.

— Capacity building through training of key field staff and strengthening of Management Information System;

— Providing material assistance under the National Anti-Malaria Programme and Urban Malaria Scheme:

In addition, an Enhanced Malaria Control project with World Bank support essentially covering 7 Peninsular States including Orissa is being implemented since September, 1997 with a mix of new interventions to supplement ongoing strategies under the National Programme. Under the Project 21 hard core tribal predominant districts of Orissa including Koraput have been identified for intensification of Anti-Malaria activities. Apart from these districts, Sambalpur town is also covered under the said Project.

During 1998-99, Cash assistance amounting to Rs. 226.00 lakhs to the Malaria Control Societies of the identified districts have been provided. Out of the said amount, Rs. 10 lakhs have been provided for Koraput District. In addition, 24 vehicles including one for Koraput District and 30 MTs of Synthetic Pyrethroids have been provided under the Project. 24 Training Courses for different categories of Health Personnel have been arranged covering 487 participants during 1998-99 in Orissa.

निर्धन रोगियों को चिकित्सा सेवा प्रदान करने के संबंध में सरकार की नीति

2852. **श्री अनन्तराय देवशंकर दवे** : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) देश के विभिन्न राज्यों में निर्धन रोगियों को रियायती दरों पर दवाइयां और चिकित्सा सेवा प्रदान करने के संबंध मेंसरकार की क्या नीति हैं,

(ख) क्या सरकार ने रियायती दरों पर दवाइयां उपलब्ध कराने के लिए विश्व स्वास्थ्य संगठन से वित्तीय सहायता मांगी हैं,

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या हैं, और

(घ) प्रत्येक नागरिक को स्वास्थ्य सेवा प्रयोजनों के लिए रियायती दर पर दवाइयां उपलब्ध कराने हेतु क्या-क्या उठाए गए हैं ?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्यमंत्री (श्री दलित एजिलमलाई) : (क) और (घ) स्वास्थ्य राज्य का विषय हैं और राज्य के गरीब रोगियों के लिए कोई ऐसी नीति बनाना संबंधित राज्य का काम हैं । तथापि, ऐसी बीमारियां जो मुख्य रूप से गरीब लोगों को कष्ट पहुंचाती हैं, विभिन्न राष्ट्रीय स्वास्थ्य कार्यक्रमों जिन के अधीन अनिवार्य औषधें मुफ्त सप्लाई की जाती हैं, के अधीन कवर हैं । युक्तियुक्त मूल्यों पर औषधों की उपलब्धता सुनिश्चित करने के लिए अनिवार्य पण्य अधिनियम, 1995 के अधीन एक औषध (मूल्य

नियंत्रण) आदेश, 1955 प्रख्यापित किया गया हैं । 74 औषधे "औषध नीति में संशोधन, 1986" के पैरा 22.7.2 में मापदण्डों को लागू करके पहचान किए गए उनके फार्मूलेशनों के साथ इस समय मूल्य नियंत्रणाधीन हैं ।

(ख) जी, नहीं ।

(ग) ऊपर (ख) को देखते हुए प्रश्न नहीं उठता ।

Polio Myelitis in Himachal Pradesh

2853. SHRI ANIL SHARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of cases of Polio Myelitis and malaria reported detected in Himachal during the last three years;

(b) the steps being taken by the Central Government to curb the menace of polio; and

(c) which are the World Bank aided projects being implemented in Health sector in Himachal Pradesh?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) The number of cases of Polio and Malaria reported in Himachal Pradesh during the last three years are as under:

Year	Polio	Malaria
1996	1	8349
1997	4	5320
1998	7	1433*

*Provisional

(b) In order to eradicate polio from the country all children under 5 years of age are administered oral polio vaccine twice every year since 1995. During 1999-2000 additional rounds of pulse polio immunization are also being undertaken. Surveillance efforts are being intensified to detect all polio cases.

(c) The Reproductive and Child Health with World Bank assistance, in phased manner to cover all States including Himachal Pradesh. A Sub-Project is also being implemented in Kinnaur District of Himachal Pradesh with World Bank Support.

Legislation regarding upbringing of children

2854. SHRI NARENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is a need for a legislation in the country to enforce the responsibility of both the mother and father in upbringing their children;

(b) what is Government's policy to control intensified migration and consequent urbanisation; and

(c) whether Government have any policy referring to adoptions and alernate family care?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Department of Women and Child Development have informed that they are not considering any legislation in this regard.

(b) As per information given by the Ministry of Urban Affairs and Employment, with regard to migration to mega cities from rural area and small and medium town, the approach of the Government is to address the problem through Rural Development Schemes and the Scheme of Integrated Development of small and medium town (IDSMT).

The various rural development programmes such as Jawahar Rozgar Yojana (JRY), Integrated Rural Development Programme (IRDP), Million Wells Scheme (MWS), Employment Assurances Scheme (EAS), Development of Women & Children in Rural Areas (DWCRA), Training of Rural Youth for Self Employment (TRYSEM), Drought Prone Areas Programme (DPAP), Desert Development Programme (DDP), Rural Water Supply (RWS) etc., formulated by